



**VOLUME 1, ISSUE 3
FALL 2007**



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KS Preparedness Times

Feature Story

Kansas Scores High in Public Health Preparedness

By Mike Heideman, Communications Specialist

Kansas is well prepared to help provide drugs and medical supplies from a federal stockpile in the event of a public health emergency, according to a recent review by the Centers for Disease Control and Prevention (CDC).

The Kansas Department of Health and Environment (KDHE) has been notified that the state received a rating of 93 percent in its readiness to request, receive, and distribute resources from the Strategic National Stockpile (SNS), a federal repository of drugs and medical supplies. CDC representatives visited Kansas this summer to collect information, and recently informed KDHE of its assessment score.

"These results demonstrate that Kansas is in a good position to distribute and dispense needed medical resources in response to an emergency, such as a bioterrorism incident or pandemic influenza," said KDHE Secretary Roderick L. Bremby. "Protecting the health and safety of Kansans is our main goal, and we can never be too prepared. Still, we are quite pleased by this outcome."

Officials say the state's high rating is due to several factors, including good cooperation among agencies and with other states, very highly rated security plans, and excellent public information, distribution, and dispensing capabilities.

"A public health emergency will stretch the capabilities of numerous agencies, and that is why we will keep on striving to improve through training, drills, and exercises," said Mindee Reece, Director of the KDHE Center for Public Health Preparedness (CPHP). "Local health departments and hospitals are often the first line of defense, and we must continue to work together to assure that life-saving medications and medical supplies are available when needed."

Reece said future efforts will include more assistance and training to help local health departments and hospitals improve their preparedness, as well as additional exercises to help the state improve its capability to perform its functions related to the SNS. CPHP is developing a three-year strategy for administering these exercises. "While progress continues to be made, the level of preparedness across the state is not uniform," said Reece. "Some of the local health agencies are continuing to develop their plans to receive and dispense antibiotics, and this state, regional, and local effort continues to be one of our highest priorities."

The KDHE-CPHP and the Kansas Division of Emergency Management (KDEM) hosted the first statewide SNS exercise, called KS HEAT, in August 2006. There have also been local and regional SNS exercises that Reece said had been beneficial.

The CDC assessment evaluated the state's ability and plans for managing SNS resources, including communications, security, storage, inventory, repackaging, and distribution and dispensing capabilities. The state is responsible for receiving SNS supplies, repackaging them, and distributing them to local health departments, which are then responsible for dispensing medications directly to members of the public.

The SNS contains a large quantity of antibiotics, chemical antidotes, other medications, and medical supplies to protect people in the event of a national emergency. The first shipments from the SNS can be delivered to any state within 12 hours.



Repackaging operation during KS HEAT exercise.

A Minute with Mindee, CPHP Director

During the week of Sept. 17, I attended the National Preparedness Directors meeting in New Orleans. Visiting the city so hard hit by Hurricane Katrina and seeing now defunct hotels and businesses, homes severely damaged by flood waters that still sit vacant, and too many FEMA trailers to count throughout residential areas was a vivid reminder about the importance of our preparedness and response work at all levels in Kansas.

In addition to these strong visual images, I had a chance to talk with and learn from counterparts who dealt with the



Virginia Tech shooting tragedy and the recent bridge collapse in Minneapolis. Kansas received much attention for the recent trio of natural disasters we've dealt with, and virtually every state and large city represented at this meeting employed their preparedness and response plans at some point during the last year. There were many new faces among the "old timers" like me who

have been involved in this effort since 2002, and real-life events have definitely added synergy to our work.

We had the opportunity to hear first-hand information from federal leaders in the public health and hospital preparedness programs and to provide input about what is working well and what needs to be improved at the federal level in managing and implementing these program activities. I want to share three important messages from this meeting with all of you:

1. All-hazards preparedness is and will continue to be our focus. After the current funding cycle, it is likely that the pandemic flu activities will roll into our overall preparedness cooperative agreements, with work requirements but no earmarked funding specifically related to pandemic flu.
2. The partnerships between KDHE and the Kansas Association of Local Health Departments and Kansas Hospital Association, respectively, put us far ahead of much of the rest of the country in terms of state-regional-local partnership and collaboration. It puts us in a unique position to problem solve and work together for the benefit of all Kansans.
3. The overall funding for public health and health care preparedness will most likely continue to gradually decrease over time.

The state of Kansas is receiving funding for all-hazards and pandemic flu preparedness from the federal Department of Health and Human Services (hospital preparedness) and the Centers for Disease Control and Prevention (public health preparedness). Our grant awards for the current funding cycle are as follows:

Department of Health & Human Services: (Hospital Emergency Preparedness)

Total Award	\$4,811,248
Base Award	\$4,004,077
Pandemic Flu	\$ 807,171

The HHS funding is for hospital preparedness initiatives, and includes one-time funding for hospital-specific pandemic flu preparedness activities this year. KDHE is collaborating with the Kansas Hospital Association and seven Regional Hospital Coordinators to develop and implement the program this cycle.

Centers for Disease Control & Prevention (Public Health Emergency Preparedness)

Total Award -	\$9,548,746
Base Award -	\$6,985,963
Pandemic Flu -	\$1,838,934
Cities Readiness Initiative (CRI) -	\$465,100
Real-Time Disease Surveillance/Poison Control -	\$258,749

The CDC funding period is shortened this cycle, and runs from Aug. 31, 2007 to Aug. 8, 2008. This is the last year for earmarked pandemic flu funding according to the latest news from the CDC, and the first year for earmarked funding to support poison control-related activities. KDHE is collaborating with the Kansas Association of Local Health Departments to develop and implement the program this cycle.

More details about the plans for our use of the federal preparedness funds will be forthcoming. In the meantime, partners should feel free to contact me with their questions at (785) 296-0201 or mreece@kdhe.state.ks.us.

CPHP Staff Update

We would like to make you aware of some staff changes that have occurred in the CPHP since the last issue of the *KS Preparedness Times*.

Amanda Hodle, epidemiologist trainer, has left KDHE to join the U.S. Air Force. Her hard work and sense of humor will be missed, but we congratulate Amanda on her decision to serve our country and wish her good luck in this exciting career change.

Mike Kopf, medical investigator in the Salina District Office, has transferred to the KDHE Bureau of Consumer Health. Mike has been named the manager of the Lodging, Safety and Sanitation Program and will continue to work out of the Salina office.

Jacki Diederich, administrative specialist, has been promoted to Public Service Administrator I in the KDHE Bureau of Child Care and Health Facilities. Jacki will continue to work out of the Curtis State Office Building in Topeka and has promised to bring her son Hunter by occasionally to see all of his "aunts and uncles" in the CPHP. She also plans to proudly display her CPHP feather boa in her new office.

Rapid Transport Protocol for Laboratory Samples

By Sue Riley, Laboratory Bioterrorism Coordinator

Rapid transportation of samples became very important during fall 2001. Suspected anthrax samples came into the Kansas Health and Environmental Laboratories from all over the state and from all types of facilities.

The epidemiologists at KDHE and the call center that was set up did a fantastic job of screening samples and assessing potential threats. Transporting the samples was done mainly by the Kansas Highway Patrol and local law enforcement. After the dust had settled, so to speak, it was determined that, although these public servants were willing to provide this service, they had neither the manpower nor vehicles to provide this service in all potential situations.

The Bioterrorism Program, as it was then named, went about looking for an alternative transport system that would be rapid but not take trained law enforcement personnel and specialized vehicles out of service to drive a sample from place to place. KDHE contracted with Metro Courier, out of Wichita, to provide not only emergency service, but also daily service to local health departments and hospitals throughout the state. The procedure for using the emergency transport called a "Hot Shot" in the courier business is as follows:

In the event a situation is determined to be an actual threat, such as a suspicious package or suspected infection that may pose a public health threat, the following procedure is available to be used by any Kansas jurisdiction and the 73rd Civil Support Team.

Law enforcement, public health, HazMat teams or other first responders will need to call 1-877-427-7317 (the Epidemiology Hotline). The person returning their call will ask for responses to specific questions and make a determination of the threat level. If it is decided that the sample requires immediate transport, an individual authorized to approve emergency transport will be contacted and will call Metro Courier to request a Hot Shot.

A dedicated driver will then be dispatched to go directly to the location where the sample is waiting. Local HazMat teams, or other responders equipped to do so, will have cleared the package by assessing it for radioactivity, explosives, and chemical contamination. The courier driver will sign the chain of custody and bring the sample directly to the laboratory as quickly as possible.

The person on the authorized list determining the threat level and/or authorizing the transport must contact Dr. Robert Flahart or Dr. Ron Hammerschmidt to alert them that the specimen is on its way. One of them will contact laboratory staff to perform the analysis. If these authorizations and notifications are not made, sample transport and analysis will be delayed.

Although the Hot Shot transportation method has only been used in drills or exercises, it serves as a valuable function that can be used in planning and relieving the responsibility for rapid transport of samples from specialized responders who may be required to stay at the scene.

For more information, contact Sue Riley at (785) 296-6621 or sriley@kdhe.state.ks.us.



KDHE, KDEM Leaders Learn ICS 400 Advanced Incident Command System

By Michael McNulty, CPHP Operations Specialist

KDHE and Kansas Division of Emergency Management (KDEM) leaders recently took part in an advanced training known as ICS-400. The training is the highest level available related to the Incident Command System (ICS).

"It's very pleasing to have such a strong showing at a training that prepares leaders to respond effectively to disasters and emergencies affecting Kansas," said KDHE Secretary Roderick L. Bremby. "This Incident Command System training will improve our ability to work together as a team to ensure public health and safety during critical incidents."

Participants included:

- Secretary Roderick L. Bremby, KDHE;
- Maj. General Tod Bunting, KS Adjutant General;
- Aaron Dunkel, deputy secretary, KDHE;
- Susan Kang, KDHE policy director
- Dr. Howard Rodenberg, director, KDHE Division of Health;
- Dr. Ron Hammerschmidt, director, KDHE Division of Environment, acting director, KDHE Laboratory;
- Richard Morrissey, deputy director, KDHE Division of Health;
- Dr. Gail Hansen, state epidemiologist;
- Mindee Reece, director, KDHE CPHP;
- John Mitchell, director, KDHE Bureau of Environmental Field Services;
- Joe Blubaugh, KDHE communications director;
- Dan Hay, operations officer, KDEM; and
- Devan Tucking, human services officer, KDEM.

The training was jointly hosted by the CPHP, the Kansas Highway Patrol and KDEM. The prerequisites for the ICS-400 class include about 32 hours of training. The course focuses on complex incident management as well as multi-agency coordination during a response. The participants in this class also met in fall 2006 to complete the Intermediate ICS course, and utilized those skills during three Presidentially declared disasters in Kansas during 2007.

ICS was originally developed by California firefighters, battling wildfires in the early 1970s and has continued to evolve. ICS training is required by a Governor's Executive Order and by the federal government for agency leaders responsible for multi-agency coordination during times of emergency and disaster.

'Flu Bug U' Material Available to Fight Flu Again This Season

Flu season will be here soon! Please feel free to use any of the "Don't Let the Flu Bug U" material we developed last season to promote flu awareness in your community and any planned activities such as flu shot clinics.

One of the local health departments recently partnered with a bank in the community to cover the cost of a quarter page newspaper ad promoting its flu shot clinics. A bank or a major employer in your community may be interested in partnering with your health department also.

We have prepared high-quality newspaper ads we can share with you to use. Also, please consider adding a link to the KDHE Flu Bug U Web page to your Web site. The Web address to the Flu Bug U page is: <http://www.kdheks.gov/flu/FluBugU.htm>.



There are still copies of the "Keep Our School Healthy" DVD available for any elementary schools in your area that did not receive one last year or may have misplaced it over the summer. The DVD contains two videos featuring an animated portrayal of Dr. Howard Rodenberg and real-life school nurse Chris Tuck. One video targets kindergartners through third graders, and the other is aimed at students in grades 4-6. There are also high-resolution print materials such as flyers and bookmarks available on the DVD.

If you need assistance with using any of the Flu Bug U material or have any questions, please contact Mike Cameron, risk communication specialist, by

e-mail at: mcamero1@kdhe.state.ks.us.

Univ. of Minnesota Medical Center's Response to the I-35 Bridge Collapse

By Scott Knoer, MS, Pharm.D., Director of Pharmacy, University of Minnesota Medical Center, Fairview

Thank you to all of our peers across the country who have checked in with us and offered their thoughts and prayers for our city's tragedy on Aug. 1. I would like to give you all a quick summary of the impact on our hospital pharmacy for future reference and relevance to your own disaster plans.

While the worst trauma cases went to the Level I Trauma Center, Hennepin County Medical Center (HCMC), we did receive 30 plus visits to the Emergency Department (ED) resulting in several orthopedic surgeries and 12 admissions. The Level I Trauma Center at North Memorial Hospital also received some ED visits.

At approximately 6:30 p.m., I received an "orange alert" page and immediately drove to work. By the time I got there, the response from our staff was overwhelming. We never had to initiate a call tree because so many people either called us or just showed up and asked how they could help. One lesson learned from this emergency response is that when a major artery like Interstate 35 is closed, it has a ripple effect on traffic. It took me about an hour to make a 20-minute drive to the hospital.

Another revelation was that cell phone communications are difficult, as the system was overwhelmed by callers across the country checking in with loved ones. I had about a 10 percent success rate when trying to contact staff and the hospital on the way in.

All of the disaster training we had done really paid off. When I pulled up to the hospital, there were police officers at the entrances ready to direct and guide traffic. The ED was full of physicians, nurses, pharmacists, lab staff, etc. Everyone had their occupation taped to their back so they were easily identified. Signs had been placed on the walls indicating where one could find Pharmacy, Lab results, etc.

At one point, we had four pharmacists and three technicians in the ED running up supplies, drawing up doses, checking for allergies and interactions, and dispensing morphine, antibiotics, vaccines, etc. The rest of our team

manned their stations, keeping supplies moving, entering orders and answering a tremendous number of phone calls. The phone calls were more than we expected. It was a full time job just answering the phone.

Another learning is that while we have a stockpile for disasters, it is aimed primarily at bioterrorism. The things we really went through for this trauma event were cefazolin, lactated ringers, and tetanus vaccine.

We also quickly overloaded our transport tube system's capacity and had to use runners to get things from the pharmacy to the units. Our command center was also not prepared for the huge volume of phone calls from the media and families calling the hospital. We needed more phones and people to answer them in our hospital command center.

We were also unprepared for the number of families that showed up at the hospital looking for loved ones. Our plan was directed at patients, not families. We did initiate a lockdown.

While this was a horrible tragedy for our city, it was rewarding to see such a well-orchestrated response as our community pulled together. You are probably more aware of the response by local, state and national rescue personnel and authorities than I am, as you saw it live on TV. What I did witness was a hospital running like a finely tuned machine.

Everyone was part of this. You generally think of physicians, nurses, pharmacists and other caregivers in a response like this, but I got to witness every department in the hospital putting its plans to work.

Our Food Services staff was wheeling carts of water and sandwiches to the ED personnel. They also set up coffee and food for the families in the lobby. Our facilities people were dealing with transport tube volume issues, and our security people were everywhere. Our volunteers and social workers were here to help patients and families.

Again, thank you for your thoughts and prayers for our community.

Fairgoers Visit 'Germ City' to Test Hand Washing Skills

By Jessica Wright, Governor's Fellow, KDHE Office of the Secretary

Germ City: Clean Hands, Healty People is an interactive, hands-on display booth featuring a large walk-through tunnel with black lights. The exhibit made its Kansas debut at the State Fair from Sept. 8-16, where it was a big success, with over 5,000 visitors during the nine days it was open.

People, young and old alike, enjoyed testing their hand washing skills at the exhibit using a hand lotion that glows under the black lights.

After applying the lotion, participants walked through the tunnel to see how "dirty" their hands were. Participants were then asked to visit the restroom to wash their hands, and staff reminded them to use plenty of soap and warm water and to sing the Happy Birthday song twice so that they washed long enough to get all the "germs" off.

After washing, participants returned to the tunnel to see how well they did at hand washing. Most people were shocked to find that they weren't getting their hands as clean as they thought. Some of the most commonly missed areas were the wrists, palms and fingernails.



It was also interesting to note that most people use their dominant hand more effectively so their other hand was usually cleaner. This provided staff with a good opportunity to educate people about effective hand washing and its importance in preventing the spread of germs and viruses that cause disease.

Often, parents would go through the exhibit hoping to teach their children about hand washing, only to find that they were doing a poor job themselves. It was definitely an eye opener to most parents. One mother was convinced that her three sons were terrible hand washers and made them go through Germ City with her. In the end, the boys had reasonably clean hands, while hers were still covered with "germs," resulting in some good-natured ribbing by her sons.

Germ City was especially appealing to children because of the glow lotion and black lights. The kids really liked seeing their hands glow in the dark. The most common response to



seeing their hands was "ewww" or "gross" and of course some of the younger boys even thought it was, "cool."

All of the children worked hard to get their hands clean, and when they didn't wash well enough, usually went back to the restroom and washed again. It was obvious that all who entered Germ City had a good time and took away an important health message.

Dr. Howard Rodenberg, director of the Kansas Department of Health and Environment Division of Health, visited the booth on the last Friday of the fair and tested his own hand washing skills. "I think kids really take health messages to heart when you combine them with fun activities like Germ City," said Dr. Rodenberg. "The kids all realized how extra effort really does make a big difference when it comes to hand washing - even the big kids."

Germ City: Clean Hands, Healthy People was purchased with grant funds from the Centers for Disease Control and Prevention (CDC) by the Center for Public Health Preparedness (CPHP).

Winners Of Weather Alert Radios

- ➔ Linda Calvert - Hutchinson
- ➔ Mary Coon - Hutchinson
- ➔ Jackie Godwin - Douglass
- ➔ Linda Hankins - Winfield
- ➔ Cindy Hermes - Topeka
- ➔ John Masters - Wichita
- ➔ Dennis Pauls - Inman
- ➔ Russell Stone - North Newton
- ➔ Sheryl Weldon - Wichita
- ➔ Brenda Whelchel - Topeka
- ➔ Patrick Williams - Augusta
- ➔ Glenn Ziegler - WaKeeney

Nobody Left Behind

Project seeks to improve emergency services for Kansans with disabilities

By Michael H. Fox, Sc.D. and Catherine Rooney, MS
University of Kansas Medical Center
Research and Training Center on Independent Living at the
University of Kansas

This past summer, Kansas was one of 16 states awarded a grant from the Centers for Disease Control and Prevention (CDC) to strengthen its capacity to maintain health and reduce secondary conditions for persons with disabilities. This grant was recognition for many of the accomplishments of the KDHE Office of Disability and Injury Prevention Program in the past three years.

Part of this award included a supplementary grant to the University of Kansas to improve emergency management services for persons with disabilities statewide. We are pleased to include a regular column in the *KS Preparedness Times* newsletter as a forum for many of the critical issues facing people with disabilities during emergencies and as a way of amplifying some of the work we have done, work others have done, and what we hope to accomplish in the years ahead.

The grant has three primary goals:

- 1 To develop a strategic plan to extend training and education on emergency management for persons with disabilities at the county level;
- 2 To extend known best practices in areas of disability and disaster management to all counties in Kansas using the most appropriate means of dissemination;
- 3 To develop, integrate and maintain yearly guidelines for counties to follow in providing services to persons with disabilities under the Kansas Response Plan of the Kansas Adjutant General's Office, Kansas Division of Emergency Management.

Our most immediate task is to solicit participants who may be interested in joining a statewide workgroup to help us develop a strategic plan on extending training and education on emergency management for persons with disabilities to counties throughout our state. We hope to have our organizational conference call in November.

If you have interest, please contact one of us at the following numbers or emails:

- Lori Haskett: (785) 296-8163 or lhaskett@kdhe.state.ks.us
- Michael Fox: (913) 588-2687 or mfox2@kumc.edu
- Sandy Johnson: (785) 291-3065 or sjohnso1@kdhe.state.ks.us

How did this project begin in Kansas?

It really started with reports of wheelchair users being left behind in the World Trade Center on 9/11 because they were unable to evacuate. To both Glen White, Ph.D, director of the KU Research and Training Center for Independent Living, and me (Mike Fox), at the time, Research Director of the Center, this revealed the acute need for better disaster planning. Our subsequent discussions led to writing a research proposal that we felt would allow us to gather empirical evidence from counties on what they were doing to accommodate the needs of persons with disabilities and what some of their challenges were.

With CDC assistance, we developed *The Nobody Left Behind* project, with Catherine "Cat" Rooney hired as our project director.

Over the past five years, we've engaged in research investigating county level preparedness among 30 randomly selected U.S. counties, cities, parishes and boroughs where a natural or man-made disaster occurred between 1999-2004, to determine if disaster plans and emergency response systems met the needs of persons with mobility impairments. We subsequently received additional funding in 2006 to investigate the impact of Hurricane Katrina on persons with disabilities in the Gulf Coast. Some early findings of our work on *Nobody Left Behind* led us to the following conclusions:

- Few county emergency managers have taken the Emergency Planning and Special Needs course offered by the Federal Emergency Management Agency (FEMA), even though most felt it could be helpful;
- County level surveillance efforts to identify persons with mobility impairments both before and after disasters are generally weak. Only 20 percent of emergency managers reported having specific guidelines in place to assist people with mobility impairments during emergencies;
- Among the 80 percent who did not have specific guidelines, virtually all felt that it was important.

The Web site summarizing these and more recent findings that we hope to share with readers in future editions of this publication is available at www.nobodyleftbehind2.org.

In summarizing what we were doing in our early years, Dr. White explained that, "There is virtually no empirical data on the safe and efficient evacuation of persons with disabilities in disaster planning. We hope this study will lead to a national model that can prevent death and injury for this population in future disaster situations."

Our current grant will hopefully allow us to help construct this model in Kansas in the coming years.

Do you have news about your agency's preparedness efforts? If you would like to include it in the next issue of the *KS Preparedness Times*, please e-mail your news to Mike Cameron at: mcamero1@kdhe.state.ks.us

19-County Major Emergency Response Group (MERGe) Assists Rescue Efforts in Kiowa and Stafford Counties During May Tornado

By Terry David, Director of Rice County EMS

Kansas was the unfortunate target of the only EF-5 tornado in the U.S. since Moore, Okla. on May 3, 1999. The city of Greensburg, Kan. was devastated on the evening of May 4, 2007, and as of today, rebuilding continues.

This event not only ravaged a great Kansas community, but also tested the healthcare team, as well as many other disciplines, to its limits. I was involved in the Major Emergency Response Group (MERGe) response to Greensburg on the night of May 3 to assist with the pre-hospital EMS response to this event.

Interestingly enough, MERGe was formed by a dedicated group of EMS leaders within the 19 counties in the south-central region of Kansas following another major tornado that struck Wichita and Andover on Apr. 26, 1991. After that event, the EMS Directors were presented at a Regional EMS meeting with a proposal from Grant Helferich, director of Butler County EMS, to share information such as radio frequencies and personnel lists with each other prior to the next big event that required mutual aid of EMS resources.

The end result was the formation of a dedicated team of EMS professionals that not only had incident command experience, but could commit the time to train together for the common purpose of providing leadership at a major event requiring EMS resources outside of those available to a community on a day-to-day basis.

The MERGe team was aware of the potential for severe weather on May 4, even on that fateful Friday afternoon. The MERGe Team participated in a regional-wide conference call with the National Weather Service out of Wichita and following that conference call, an e-mail was sent to all MERGe team members advising them of the concern of severe weather in Kansas.

At 10 p.m. the MERGe team was placed on stand-by with a call that was received from Pratt County EMS who was responding to the initial reports that Greensburg had been hit, with major damage. The MERGe team has a duty officer assigned 24/7, and we also have a 1-800 line that is answered 24 hours a day. In addition, I received a call from the answering service supervisor advising me of basic information. It was only a short time later that the call came to activate our team and respond to Greensburg and advised to stage at the Kansas Department of Transportation building on the east side of town.

As soon as possible, 12 members of the MERGe team responded and several members of the team provided ambulances and additional medical personnel. While enroute, we were advised that Macksville in Stafford County had also received significant damage. At that point, several members of our team were sent to Stafford County to assist.

Upon arrival in Greensburg, I was able to make contact with the still-forming command structure and was instructed to make contact with the triage and treatment area that was up and running at the Dillon's store on U.S. Highway 54.

With communication issues being the number one problem at any disaster scene, I was lucky enough to make contact with the acting Incident Commander, Pratt EMS Director, Mark McManaman who provided me with a hand-held radio. Patient care and rescue was the top priority, and that was well underway.

During my drive from Pratt to Greensburg, no less than five ambulances passed me transporting patients to Pratt Regional Medical Center. A total of 80 patients were transported, with at least 16 being triaged as "Code Red" or critical. In addition, over 400 citizens were moved by buses outside of the damaged area. The MERGe response to Greensburg was actually our fifth deployment, and during the process of forming the team, a lot of questions were asked of other communities who have experienced disasters.

The lesson learned was that in the EMS response phase, you always have enough ambulances. There were 35 EMS units on scene in Greensburg from Kansas and even Oklahoma. However, there is often no organized command effort to effectively use those resources to the best effort. While we in the health care field have made strides in this area, more work needs to be done with training in the ICS/NIMS arena. This is the true reason our team was formed, to provide command assistance to local communities.

Upon arrival of other team members, a command structure was established with the numerous responding agencies. We also had the opportunity to serve in the role of Incident Commanders until 6 p.m. on Saturday, May 5. On Sunday, our team was requested to return to Greensburg to serve in the role of Medical Branch Directors. Our responsibilities included making both long-term and immediate assignments of EMS resources. We worked 12-hour shifts around the clock and assigned EMS providers from across Kansas to provide a total of four ambulances during the day and two ambulances during the night until May 22, at which time Kiowa County EMS was ready to resume full coverage.

Following this event, we spent an entire day completing an after-action review that was facilitated by an outside EMS professional and documented to continue to improve any response that we may have in the future. The MERGe concept is unique in that it was formed from the ground up to provide help to our neighbors across the state and can be used as a model for other health-care organizations.

Several lessons were learned during the AAR:

1. Think about communications plans **now**, have a Plan B and Plan C and assume nothing will work during a disaster;
2. Learn and practice the Incident Command System, specifically NIMS; and
3. Network, Network, Network with other providers from across the state. It makes the "trust" phase much shorter when placed in a high-stress disaster environment.

Mitzi Hesser, South Central Kansas Coalition for Public Health Garner Awards at KPHA Fall Conference for Response to Kiowa County Tornado

In today's electronic age of e-mail and the Internet, many people have realized their dream of being able to work from home. Before an EF-5 tornado devastated the Kiowa County town of Greensburg on May 4, Health Department Administrator Mitzi Hesser probably never dreamed that her home and workplace would both be so severely damaged that she would be working out of a makeshift facility on her front lawn.



Mitzi took on many roles during the response, becoming a

key link to health care in the incident command structure. She has also become an integral team member in the task to rebuild the community of Greensburg and its infrastructure.

The Kansas Public Health Association recognized Mitzi's efforts with a Special Service Award on Sept. 19, during its fall conference in Wichita. Mitzi has shown a willingness to go far above and beyond the call of duty throughout her career in public health. Her commitment to service and competent and caring style of leadership has earned her the trust and respect of her community and her colleagues.

She continues to serve her community by not only performing the necessary day-to-day duties to keep the health department running, but also to assist in the efforts to rebuild the city of Greensburg and to return the lives of the residents of Kiowa County to normal. Hesser has said that some residents have chosen to leave rather than rebuild, but the people who stayed are committed to building a stronger and better community.

The South Central Kansas Coalition for Public Health was also recognized with the Corporate Public Health Service Award. The seven-county coalition has a long tradition of true collaboration with the goal of more effective public health services for their region.

The Greensburg tornado was a true test of that collaboration, and the group rose to the challenge, demonstrating the value of preparedness planning. They not only provided excellent public health services to those affected by the disaster, but were also there to support each other.

The seven counties in the South Central Kansas Coalition for Public Health and the health department administrators from each, recognized with individual plaques are: Barber - Heather Henke, Comanche - Karen Oller, Edwards - Diana Rice, Harper - Sherry Houston, Kingman - Cindy Chrisman-Smith, Kiowa - Mitzi Hesser and Pratt - Debra McGraw.

Virginia Downing, Public Health Preparedness Regional Coordinator, also received a plaque from the KPHA, recognizing her leadership of the group. "The South Central Coalition is a source of support to all health departments in the region. They always come together to train new administrators and to support each other when the going gets rough. The value of the emergency trainings and tabletop discussions was realized during the days after May 4 when the coalition came together to support and assist Kiowa County," Downing said.

The cooperative planning efforts of the group, and the exemplary response to a disaster that affected them all professionally and personally was the result of many years of working together. We are very pleased that they have been recognized with this award for all the hard work they have done before, during and after a disaster the magnitude of the Greensburg tornado. Please join us in congratulating this group on receiving this well-deserved recognition.

The coalition truly represents what can be accomplished with advanced planning and cooperation between neighboring counties

